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ABSTRACT

This guide, for classroom teachers and other school personnel in regular contact with students, describes a screening process for emotional disturbance based on information gathered through review of the literature, laws, and current screening practices. In order of presentation, this paper addresses: (1) definitions of screening, including early educational definitions and a revised definition; (2) historical perspectives of screening, with discussion of the difference between screening and assessment/evaluation; (3) rationale for screening; (4) current practice, including a table outlining levels of screening and alternative sources of information and procedures; (5) conceptual models of screening, i.e., illness model, developmental model, crisis model, and mismatch model; (6) philosophy and rationale for screening for emotional disturbance, including a definition of emotional disturbance and goals of screening social-emotional behavior; and (7) a process for screening social-emotional behavior consisting of an educational management review. A screening form and a bibliography are included. (WAS)

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SCREENING

From "At Risk" To Educational Management Review Of Social Emotional Behavior

BY SUSAN L. HALSETH

Developed by
E. D. Screening and Awareness Project CESA #6
Chippewa Falls, Wisconsin
June, 1982

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ABSTRACT

This paper constitutes the theoretical base of a process to screen for emotional disturbance that was developed and implemented through the inservice training program, "Screening for Emotional Disturbance." The training package was the result of a three-year P.L. 94-142 Discretionary Funds Project grant, Wisconsin Department of Public Instruction (April, 1979 - June, 1982), awarded to Cooperative Educational Services Agency #6, 725 West Park Avenue, Chippewa Falls, Wisconsin 54729, Susan L. Halseth, Project Director. The Emotional Disturbance Screening and Awareness (EDSA) project began in response to a need expressed by educators across the state of Wisconsin to improve the methods used to screen for the suspected handicap of emotional disturbance. This paper contains information gathered through an extensive review of literature, laws and current screening practices. The process for screening, a system for educational management review, was derived from that accumulated information. The system has potential utility in screening for the suspected handicapping conditions of speech and language and learning disabilities as well.

The screening process described here is conducted by classroom teachers and others in regular contact with students. Because teachers and others need specific skills and knowledge to carry out the educational management review of social-emotional behavior in their classrooms, the screening process became the framework of the inservice training program.

In July, 1982, the Wisconsin Department of Public Instruction, Division for Handicapped Children, adopted the EDSA inservice program to continue dissemination of the instructional package. The program is currently being replicated in school districts throughout Wisconsin. For more information, contact the author at CESA #6 or contact Ann Kellogg, EDSA Project Coordinator, Supervisor of Programs for the Emotionally Disturbed, Wisconsin Department of Public Instruction.

INTRODUCTION

This paper was written in response to a need expressed by educators across the state of Wisconsin to improve the method used to screen for the suspected handicap of emotional disturbance. It contains information gathered through an extensive review of literature, laws and current screening practices and it focuses on screening for emotional disturbance. The theoretical base of a process to screen, a system for educational management review, was derived from the accumulated information. The process, although it evolved for use in screening for emotional disturbance, has potential utility in screening for the suspected handicapping conditions of speech and language and learning disabilities as well.

The screening process described here is conducted by classroom teachers and others in regular contact with students. Because teachers and others need specific skills and knowledge to carry out the educational management review of behavior in their classrooms, the screening process became the framework of the comprehensive inservice training program, "Screening for Emotional Disturbance," EDSA Project, CESA #6, Chippewa Falls, Wisconsin.

In July, 1982, the Wisconsin Department of Public Instruction, Division for Handicapped Children, adopted the

EDSA inservice program to continue dissemination of the instructional package. The program is presently being replicated in school districts statewide.

It is hoped that this paper will aid local school personnel in reviewing and, perhaps, updating their general screening practices. Extrapolation of the content to other community-based screening programs concerned with the growth, development and well being of children and their families is also possible.

In order of presentation, the paper addresses definitions of screening, historical perspectives, screening vs. assessment/evaluation, rationale for screening, current practice, conceptual models of screening, philosophy and rationale for screening for emotional disturbances and a process for screening social-emotional behavior that consists of an educational management review.

DEFINITIONS OF SCREENING

The Concept of Screening

Prior to any discussion of screening practices, it appears necessary to address the problem of definition. What is it that we mean by the word "screening"? Attempts to answer this question are complicated by the fact that screening is a concept and not a word with a relatively simple and apparent meaning. Concepts are best defined in terms of observable operations. Several different kinds of screening are currently used to accomplish a wide variety of specific educational intentions. [There are, predictably, several different definitions.] No unaniminity exists concerning "the" definition of screening in the field of education (Boston Conference on Early Screening and Assessment, 1972).

The "dynamic openness" of the concept of screening prevents efforts to formulate a concise, universally acceptable definition in anything but the most global terms, but it does allow the modification of what we mean, as knowledge increases and attitudes and intentions change. Starting with a global definition, it is possible to move

toward clarification of the concept's usage and meaning in a particular instance. The dictionary provides a global definition of screening: a system to examine people in order to make separation into groups. Specifying who, how, or why this separation is to be carried out communicates the individual screening program's intentions. Screening programs need a definition of screening that reflects the problem to be solved, the intentions to be fulfilled. Without a specific definition, the cogency of any screening program and its operation are doubtful.

By examining some of the definitions of screening found in the literature over the past decade, it is possible to trace changes in socio-cultural attitudes and education practices that have influenced what we mean by "screening." It is also possible to ascertain the completeness and appropriateness of these definitions in stating what we presently mean and, if necessary, to modify that meaning.

Early Education Definitions of Screening

In education, the earliest definitions of screening reflect the influence of the medical approach to screening. This medical approach consisted of an assessment or procedure or system designed to look at factors that were biologically based. The purpose or intent of "high risk" screening was either prediction or early identification--that is, the

prediction of a disease, developmental disability or handicapping condition, or the identification of the same at an early stage. Screening, then, led to diagnosis and treatment (Hobbs, 1975; Adelman, 1978; Zehrbach, 1975).

The medical approach to screening used and continue to use procedures that look at those conditions which are "in child" such as PKU. Technology in the field of medicine now permits, with no problem, the screening of the entire newborn population for phenylalanine excess. However, the medical approach is based upon the detection of Disease, Dysfunction and Deviance; and even medical practitioners agree that the medical approach is less well equipped to detect conditions in the process of developing or those conditions that will develop in the future (Schoenwetter, 1976). Attempts to identify children "at risk" for the subsequent appearance of handicaps based on constitutional factors at birth, or shortly after birth, have failed to detect the majority of children with handicaps. There is substantial support for the conclusion that a child's development cannot be predicted independent of care-taking experiences (Kochanek, 1980). The literature also does not support the efficacy of currently available formal testing procedures in solving the problems of prediction and identification of psycho-educational problems, especially those procedures in use for massive screening of preschoolers and kindergarteners (Adelman, 1978). It would appear that medically-based educational definitions of screening require

operations (i.e. assessment procedures) that are not presently available and, further, are of questionable validity because they do not match the intentions or goals of an educational setting. To be valid, the definitions and goals of a screening system or process must relate to "the process of living, learning, reacting within a classroom and the community of the school--which we call education" (Bower, 1969: 134).

More recent definitions of screening define operations that are more appropriate for intentions and goals of education. Maitland, (1974:55), in discussing early identification, stated that "greater emphasis is now being placed on identifying, as early as possible, those children who need educational planning and resources in order to learn successfully." The screening system or process is intended to survey or "sort out" large groups of children as a first stage identification process to detect persons with problems (Adelman, 1978). Adelman further states that the screening process is "designed to be a first step toward identification..." and is "...meant to be followed up by a more careful assessment of individuals to detect errors." Schennum (1978:5) defined screening as a "...first step in sorting to identify those children who do not require further assessment at this point in time from those for whom a 'second look,' Rescreening, is indicated." Although rescreening is espoused by many and currently conducted by some, the practice raises serious questions about the validity of the initial screening process (i.e., too many false positives). Further, this practice may be disguised

individual evaluation which, under state and federal law, cannot be conducted without adherence to due process procedures.

The most complete definition of educational screening found in the literature is by John P. Hill (1970:1):

> By screening, I mean the use of a systematic procedure to identify provisionally those children from a population who manifest, or are likely to manifest, an attribute which is judged to require special attention.

Hill goes on to specify the elements of a complete screening program. These include:

1) a goal--an explicit answer to the question "What are we screening for?"

2) a screening procedure.

3) a criterion against which to judge the procedure's effectiveness.

The goal statements, then, should specify the intentions that are to be accomplished using the screening process. The screening procedure can include any of a number of specific practices or techniques. Finally, the criterion is the basis on which judgments are made about the effectiveness of the screening procedure. If the procedure fails to meet the criterion, modifications can be made.

Hill's definition is judged to be the most complete educational definition of screening for the following reasons, as supported in the literature:

1) It encompasses the variety of screening intentions that typically co-exist within a total screening program. For example, screening programs may operate concurrently to provisionally identify children who might need any of a wide range of services, from medical to accelerated and remedial programs.

2) It applies to screening intentions and programs across a variety of environments and human service agencies.

3) It promotes a commonality of screening purpose across programs and environments--that is, linking child needs with appropriate education-related or supportive services.

4) It allows screening intentions to include the search for strengths as well as deficits. Thus, the outcome of screening does not carry an implicit value judgment of "good-bad" or "pass-fail".

5) It underscores the fact that screening is a system for the provisional identification of an attribute which is judged to require special attention rather than a system for individual evaluation or mass diagnosis.

Toward an Appropriate Educational Definition of Screening

Hill's definition of screening does appear to be incomplete in some respects. In updating the definition below, we reflect the growth in our knowledge, current attitudes and laws affecting the screening and/or location of children who may be in need of special education. These word changes simply enhance the previously stated positive aspects of Hill's definition:

> Screening is a systematic continuous process for identifying provisionally those children from a population who manifest (or are likely to manifest), an attribute which is judged to require special attention.

The addition of the word "continuous" to Hill's definition reinforces the school district's responsibility to

continuously seek out all children, 0-20 years of age, who may be in need of special education and related service (CFR 121 a.220; Sec. 504 of the Rehabilitation Act: Wisconsin Administrative Code P.I. 11.02 (2) (d)). Substitution of the word process (meaning a series of actions that bring about an end or result) for procedure reflects the need for inclusion of informal screening activities, such as systematic observation and the review of records, within the screening program. The use of the word procedures is frequently too strictly interpreted as meaning formal test instruments. As stated previously, research findings indicate the serious inadequacy of currently available screening instruments (Adelman, 1978: American Orthopsychiatric Association, 1978; Keogh, 1977; Schrag and Divoky, 1975). Further, the Wisconsin Division for Handicapped Children recommends that screening programs utilize both "formal and informal procedures" (Wisconsin Administrative Code, 1975:65).

Summary

Although, at present, no definition of screening is universally agreed upon in the field of education, the "updated" definition stated above does overcome some of the pitfalls apparent in the early educational definitions of screening. That is, the definition is not medically based...it describes operations that are not dependent on

testing procedures to look at conditions "in child." Further, it is not "problem oriented." The openness of this updated definition encourages an approach to screening that enhances educational management, planning and decision-making.

In attempting to initiate or improve screening programs, it is apparent that school districts must first address the issue of definition by formulating a definition that clearly and accurately communicates what it is they are attempting to accomplish. Through the process of formulating that definition, a district will have clarified the problems to be solved, can then determine the program goals based upon specific intentions and, finally, can initiate operation (processes and procedures) for attaining those goals.

HISTORICAL PERSPECTIVES OF SCREENING IN THE PUBLIC SCHOOLS

The origin and development of the practice of educational screening are somewhat obscure in the literature available on the subject. The following chronology identifies the major apparent socio-cultural beliefs, educational trends and legal mandates that have influenced the practice of educational screening as it currently exists or the "state of the art" in screening.

The first organized screening programs in education began over fifty years ago with the establishment of preschool round-up by the National Conference of Parents and Teachers. The primary aim of the round-up was to identify children with health problems and to intervene, if possible, prior to school entry (Asbed, 1977). Because the screening activities in these early round-up programs focused on the detection of medical conditions, they were conducted primarily by health-trained personnel such as school nurses or public health nurses. Screening procedures typically included the administration of health information forms, hearing surveys and vision tests.

In the decades since World War II, the range of screening

procedures and activities used in many round-ups or other screening programs gradually expanded as the scope of screening intentions broadened beyond health concerns. Initially, this expansion appears to have been influenced by the humanitarian and instructional concerns of classroom teachers and psycho-educational specialists (primarily speech therapists, reading specialists and school psychologists). These individuals desired to have more entry-level information on the children's readiness for academic instruction and/or on problems the children might have that could interfere with learning.

During the late 1950's, the 1960's and the 1970's, the number of supplementary and remedial programs established to provide special services to public school children with learning problems increased significantly. The impetus for these increased services was provided by the passage of state and federal laws relative to handicapped and disadvantaged children. The major mandated programs established during the 1960's and 1970's were:

1965--Programs for the disadvantaged were established under Title I of the Elementary and Secondary Education Act (ESEA), as amended (P.I. 89-10).

1967--Early and Periodic Screening Diagnosis and Treatment (EPSDT) Programs were begun under an amendment to Title XIX of the Social Security Act of 1935.

1972--Policies and procedures were established to assure service for the handicapped in Headstart Programs under the Economic Opportunity Act Amendment (P.I. 92-424).

1973--The National Right to Read Effort was established under Part A of Title VII of the Elementary and Secondary Education Act of 1965 as amended in 1973 (P.L. 93-380).

1973--Programs to provide vocational rehabilitation services to the handicapped were established under the Rehabilitation Act (P.L. 93-112).

1973--Chapter 89, Laws of 1973, State of Wisconsin, was passed, providing special education sufficient to meet the needs and maximize the capabilities of all children with exceptional educational needs as an integral part of a free public education.

1975--Chapter 121, Wisconsin Statutes (121.02) School District Standards, was passed, which mandated remedial reading services for under-achieving students in kindergarten through grade three.

1975--ESEA was amended by the Education of All Handicapped Children Act (P.L. 94-142), which mandated a free, appropriate education for all children aged 3 to 21 years.

1978--Chapter 29, Section 1632, funded under Chapter 13.101, Wisconsin Statutes, was passed, which mandated cooperation in screening between DHSS and DHC.

Some of the specialists employed in these supportive and remedial programs (for example, speech therapists) were trained to use screening procedures as a systematic means of "case-finding."

Ultimately, in the attempt to meet many diverse informational needs, public schools began using screening procedures and protocols that were intended to measure children's cognitive functioning, intelligence, emotional development, hearing, vision, speech, language, gross and fine motor skills, etc. The resulting many-faceted screening protocols

or "screening batteries" evolved primarily through the process of addition.

By the end of the 1970's, a veritable potpourri of published and locally-developed screening batteries, tests, and other instruments was being used in screening programs across the state of Wisconsin and, indeed, across the nation. Although preschool round-up began during the 1920's as a relatively simple, humanitarian activity, it had, in most cases, grown into a complex screening program conducted by a squad of personnel perhaps including the school counselor, school principal, kindergarten teacher, speech-language clinician, learning disabilities teacher, child find specialist or screening specialist, psychologist, aides, gym teacher, bus drivers, para-professionals, social worker, and the school nurse--among others.

SCREENING VS. ASSESSMENT/EVALUATION

It should be clearly understood that screening is not mass assessment or evaluation. Screening in and of itself should never be considered nor used as a replacement for evaluation. The following chart illustrates the difference between screening and assessment/evaluation.

	Screening	Assessment/Evaluation
Frequency	Continuous	An event occuring at some point
Purpose	Provisional identification of those children who manifest an attribute which is judged to require special attention	Complete and thorough assessment; documentation of Exceptional Educational Need (EEN)
Personnel	Classroom teachers, nurses, physicians, parents, social service agency staff	Diagnostic personnel, other professionals, psychologist
Study Arena	Natural settings	Natural, special settings
Subsequent actions	Monitoring and assessment/ evaluation	Planning and monitoring the regular education program or Individualized Educational Plan-EEN
Procedures	Cursory; same procedures applied to all studied	In-depth; individually tailored; legally specified (due process protection)
Cost	Low-unit cost	High-unit cost
Population	All	Only those legally referred for further assessment/evaluation
Consent	None	Formal consent required

RATIONALE FOR SCREENING

The rationale for screening changes as the philosophies and goals of education change. Literature reveals that, traditionally, the fundamental reason for screening was to detect problems that might interfere with a child's successful educational experience. Traditional screening procedures were designed to either predict or identify such problems. The results were used to make decisions regarding academic readiness (often meaning inclusion or exclusion), referral for assessment leading to possible placement in special programs and to determine the prevalence of a given problem within the total population for the purpose of program planning. The strongest argument in support of this "problem-oriented" screening was that it facilitated "early identification," a widely accepted idea in education.

The term "early identification" conceptually referred to the process of prediction (Adelman, 1978:149). Most screening programs attempted to "crystal ball" those who would need help by assessing all children for antecedent conditions or early signs (symptoms) of a problem in its incipient stages. The intuitive appeal of predictive screening was that early identification followed by assessment

and remediation was preferable to the delayed address of a difficult problem (Hobbs, 1975:89). Predictive screening usually led to early intervention designed to modify or ameliorate the problem, thus preventing it from becoming "full blown." The justification for early intervention was, as Hobbs pointed out, that "prevention is more effective and economical, as a rule, than repair." Hobbs' use of the term prevention should be qualified. It refers to what is commonly known in the field of public health as secondary prevention, coping with a problem when it is getting started. Primary prevention, a more desirable alternative, is managing conditions so that problems will not occur (Bower, 1978).

Studies have supported the beneficial effects of early educational intervention. For example, studies have indicated that the handicapped individual's ability to make a maximum contribution to the common good of our society is enhanced through educational intervention (Marinelli, 1976). The fact that it is more cost-efficient to deliver educational services to handicapped preschool children than to handicapped high school pupils has been documented. Finally, it was found to be less costly to educate mildly handicapped pupils than the severely handicapped (Kahalik, W. S. and others, 1981). Screening efforts for the purpose of early identification appear, therefore, to be justified.

Serious questions about the validity of the procedures that were and are still being used to accomplish early childhood screening have been raised in the literature.

Bradley and Caldwell (1978) questioned the value of early screening programs and observed that part of the difficulty stems from a lack of multicultural tests suitable for evaluating children from various cultural backgrounds, and a failure to focus on social, familial and individual capabilities that serve to off-set observed deficiencies. They stated that screening programs that couple environmental and developmental measures would help to remedy some of these ills.

Perhaps the solution to the problem of lack of valid procedures lies not in "building a better mousetrap" (i.e., better testing devices to sort for children with problems), but in developing screening models and processes geared toward primary prevention, and managing conditions so that educational problems do not occur. Ideally, screening for the purpose of educational management would have the effect of promoting educational "wellness."

Under a "wellness" approach, screening is viewed as the first step in engaging parents and teachers in an ongoing concern with the health and educational well being of the child. This screening should operate continuously throughout the child's school experiences and should consist of an educational management review.

Support for screening that promotes "wellness" is found in recent literature referring to the Early Periodic Screening Diagnosis and Treatment Program (The American Association of Psychiatric Services for Children, 1977). Such screening

would provide protection from educational failure by identifying strengths that can be utilized to compensate for identified weaknesses, facilitating the establishment of short term regular education instructional strategies, and providing a system for linking children with the services and support they may need to achieve their maximum educational potential.

The rationale for educational screening appears to have shifted from detecting "problems" to promoting educational "wellness." As the fundamental reasons and purposes for screening change, so does the general understanding of what screening constitutes. This new understanding affects how screening is defined and dictates the operations that are used to accomplish it.

The rationale for screening will continue to change to be consistent with societal trends. The need for a system, process or procedure to use in screening is, however, ongoing. Screening involves the continuous review of student performance/behavior to sort out those student attributes or aspects of the learning situation requiring special attention. Thus, all efforts to assist students to achieve the goals of education entail screening.

CURRENT PRACTICE

One of the initial research activities in developing the inservice program "Screening for Emotional Disturbances" was a review of the literature for screening models and prevalent screening systems/procedures. That information and the results of a polling of public schools and educational agencies (90 in all) in Wisconsin in July, 1979, provided insight into needs that exist statewide in screening for emotional disturbances.

The survey requested information about screening practices at all instructional levels (preschool - 12th grade) and for entering through continuously enrolled students. Respondents were also asked to identify areas needing improvement among goals, procedures and criteria. Finally, information was requested concerning the existence, need for, and use of, inservice training programs addressing the characteristics of emotional disturbance. Districts were asked to identify those training programs and share them with the project.

Of the 37 districts that reported, over 50% had the full component of screening programs for: children entering school for the first time, transfer students, students currently enrolled and preschool children. The majority (76%) agreed

that there was a need for improved screening in the area of emotional disturbances. The greatest needs were relative to the criteria used in screening (73%) and the procedures to screen (51%).

Approximately 40% of the respondents indicated a need for regular educator inservice training relative to the characteristics of emotionally disturbed children. Another 59% said they were considering providing inservice training programs, while 24% were currently conducting such a program.

A follow-up telephone interview provided a more detailed picture of current screening operations. Most districts had screening programs for children entering school for the first time, transfer students and currently enrolled students. Most programs used published instruments. Those instruments contained few, if any, items related to social-emotional behavior. Two districts did use Behavior Checklists that were completed by the teachers at the time of referral. Most respondents sent or offered to send the district screening plan. These plans, generally, addressed screening philosophy and level but did not describe the procedures used to accomplish screening.

An outline of the levels of screening recommended by the Wisconsin Division for Handicapped Children (1981) is found in Table 1., The Location and Screening of Suspected Handicapped Students. The table also identifies alternative sources of information and screening procedures/processes.

Table 1

THE LOCATION AND SCREENING OF SUSPECTED HANDICAPPED STUDENTS

E. D. Screening and Awareness Project
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LEVEL	SOURCES OF INFORMATION	PROCESSES/PROCEDURES
Below School Age (birth-5) Responsible Persons: _____ _____ _____	parents/guardians child care personnel relatives friends neighbors dentists medical personnel county nurses human service agencies special interest groups Social Services county financial assistance programs local organizations for the handicapped clergy school census Parent-Teacher Association civic organizations perinatal centers public agencies insurance agents lawyers real estate agents	formal screening instruments parent questionnaires informal observation systems individual home visits community-based awareness activities: - posters - brochures - T.V./radio Public Services Announcements - interviews - newspaper articles - bulletin boards - letters - speakers' presentations interagency information networks
Entry Level (kindergarten) Responsible Persons: _____ _____ _____	parents/guardians child care personnel medical personnel county nurses school census	formal screening instruments parent and student questionnaires informal observation systems individual home visits interviews review of previous medical records
Currently Enrolled Students (including homebound) Responsible Persons: _____ _____ _____	current teachers cumulative records school nurse school personnel students parents	formal screening instruments informal observation systems group tests teacher surveys review of previous school records interviews

Table 1 (cont)

THE LOCATION AND SCREENING OF SUSPECTED HANDICAPPED STUDENTS

E. D. Screening and Awareness Project
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LEVEL	SOURCES OF INFORMATION	PROCESSES/PROCEDURES
Transfer Students New To District (public and private) Responsible Persons: _____ _____ _____	parents/guardians students school personnel, former school teachers, former school	formal screening instruments parent and student questionnaires informal observation systems review previous school records and group tests interviews
Private Sector / Outside Agencies Responsible Persons: _____ _____ _____	parochial schools day treatment facilities mental health facilities child care centers medical facilities human service agencies Social Services county financial assistance programs local organizations for the handicapped religious organizations students parents	formal screening instruments parent and student questionnaires informal observation systems interviews interagency information networks
Drop-Outs Responsible Persons: _____ _____ _____	Developmental Disabilities Boards Vocational Rehabilitation — YMCA correctional institutions — school census medical facilities — clergy Unified Services Boards — Parent-Teacher Associations day treatment centers — civic organizations vocational technical schools — probation and parole personnel lawyers child care facilities — police officers Social Services — students Mental Health Facilities — parents County financial assistance programs police officers recreation facilities managers special interest groups	community-based awareness activities: - posters - brochures - T.V./radio Public Services Announcement - interviews - newspaper articles - bulletin boards - letters - speakers' presentations interagency information networks

In summary, a large number of districts did not have what they considered to be adequate screening programs. The screening activities were either very restricted in scope or did not exist at the upper elementary and secondary school levels. Most screening was cursory and conducted in a "pull out" environment (outside the classroom). These reports are consistent with findings in the literature and this writer's experience in nine years of public school work.

Intrepretation

Most screening programs have more common than distinguishing features. In most cases, for example, screening is conducted by educational specialists, is done at a specified time (beginning or end of the school year), is geared toward preschool and/or kindergarten aged children or new-to-school students, and is delivered in a round-up or examining station format. The procedures used to accomplish screening are the administering of formal test instruments, inventories and checklists. Usually, informal procedures such as the review of records and interviews with parents are included. While most schools allude to screening continuously through informal observation by the classroom teacher, few screening programs, in this writer's experience, have systematic procedures described for carrying out that activity. (Nor, was there much inservice

training for regular educators telling them what to look for).

Less typical, but more appropriate to any educational program, are screening programs that look at children over a period of time (from a week, up to the entire kindergarten year) in the natural living/learning environment of the classroom. These programs view the classroom teacher as the primary "screener" or, at least, as a member of the "screening team." The skills needed to succeed in the educational setting are used in establishing the screening program criteria.

Although some schools have developed local norms for the formal screening instruments that they use, the amount and quality of the information these tests provide is generally very limited for the time and energy expended. Formal screening tests often measure skills and traits that are not directly addressed in the curriculum (for example, jumping rope) and may be only tangentially related to learning. Further, every screening test conveys an underlying conceptual model of screening that may or may not be consistent with the school's educational philosophy. The following discussion of conceptual models of screening will permit schools to review existing programs for consistency with educational goals and intentions. Also, schools may wish to explore alternative approaches or expand the range and type of activities they use to fulfill those intentions.

CONCEPTUAL MODELS OF SCREENING

Several different types of screening programs have been described by John P. Hill (1970) in a paper entitled Models For Screening. Hill used a system of analysis and comparison that was based on discerning the conceptual model represented in a screening program design. He described a conceptual model as the schematic or pure form that is basic to a screening program's methods and activities. Conceptualizing models of screening, Hill stated, is helpful in clarifying the relations between screening program goals, screening techniques and evaluation of program effectiveness.

Hill (1970:2) identifies four major model types that screening programs tend to resemble, as follows:

The Illness Model: The problems of children are considered to be illnesses or manifestations of illness. The goal of screening is the early identification of ill or disturbed children. (This model is consistent with the medical approach to screening discussed previously.)

The Developmental Model: The focus is upon delays in the onset of (patterns of) behavior normally expected to emerge within a given age period. The goal of screening is that of early detection of developmental deviation of one kind or

another.

The Crisis Model: The emphasis is on the presence or absence of the child's ability to cope with crisis. The goal is the early detection of children who have difficulty coping with a developmental or situational crisis such as entry into kindergarten or junior high school or the loss of a parent.

The Match-Mismatch Model: The focus is on the social system in which the problematic behavior occurs. The goal of screening is the early detection of instances of behavior mismatch between child behavior and the expectations of others who constitute a given social environment. The model is consistent with an ecological view of disturbance.

Hill (1970) observes that most screening programs more closely approximate the Illness Model than any other model described in his taxonomy. He notes, however, that the model is rarely strictly adhered to, as most programs try to cover the entire range of illness or disorder by detecting symptoms of "illness in general," rather than focusing on a given illness type (e.g., neurosis, sociopathology). Stressing this apparent inconsistency, Hill observes that no public health practitioner would run a screening program to locate cases of illness in general.

Hill suggests the development and use of differentiated screening procedures as a more appropriate and practicable approach. While the suggestion to use more differentiated screening procedures would address the problem of "illness

in general," it might not be appropriate, practical or achievable. The intent of screening is not diagnosis, so the degree of specificity would be of critical concern (see the section Screening vs. Assessment/Evaluation). The procedures needed to accomplish a differentiated screening are either non-existent or not acceptable in regard to instrument reliability, instrument validity, concurrent validity and/or standardization norms. Further, some experts in the field of screening seriously question if the use of systemized standardized procedures in the identifying of emotional and behavioral difficulties is ethically acceptable (The American Association of Psychiatric Services for Children, 1977). Finally, beyond the issue of ethicality, it would be difficult to develop instrumentation because of the problem of selecting a limited number of representative behaviors from the universe of all possible behaviors of a given syndrome that could be used in provisionally identifying that syndrome.

In conclusion, Hill points out recent dissatisfaction with the Illness Model because of the general ideology it embraces, viewing behavior deviations as symptoms of some inner pathogenic element. He suggests that we should be screening for factors other than existing "illness" if our goal is effective prevention. More consistent with current thought regarding the underlying nature of behavioral "problems" would be the Developmental Model, Crisis Model or Match-Mismatch Model. Certainly, screening programs based

on these models have more potential for providing information useful in educational planning.

A list of published preschool screening instruments compiled by the Early Childhood: Exceptional Educational Needs Project, (Melcher, 1979), provides a representative sample of widely used screening instruments to analyze according to Hill's taxonomy of models. The majority of the instruments most closely approximate the Developmental Model, while the next largest group are illness or diagnostic in nature. In light of these findings, Hill's statement that most existing screening programs approximate the Illness Model, does not appear to characterize currently available published instrumentation.

The proliferation of developmental screening instruments in the decade since Hill's report (1970) exemplifies the trend away from the concept of screening for the purpose of determining the presence or absence of disease in both the fields of health care and education. Current literature advocates the design and implementation of screening programs based on developmental and cultural diversity normative models (the detection of behaviors which deviate from the expectations of the social group). A final report prepared by the American Association of Psychiatric Service for Children (1977), for example, recommends that a major shift in emphasis and conceptualization be made with reference to the Early and Periodic Screening, Diagnosis and Treatment Program and developmental issues. Specifically,

the association recommends that this program focus on the concept of competence... "how well a child has met, and how well does he now meet, the expectations implicitly and explicitly set by his society for an individual of his/her age and sex group." Further, they submit that the system be one of "developmental review rather than a screen--" (p. IX) The purpose of the review is to assess the ways in which development is occurring, the form it is taking.

A major strength of the Developmental Model is that whatever form the screening procedure might take, it yields information that can be compared to developmental norms. An obvious limitation is that solid developmental data are not available in all developmental areas, e.g., social-emotional development. The bulk of available information deals with early developmental periods (sensorimotor); thus, most formal developmental procedures focus on progressions in sensorimotor behavior (Hill, 1970). Screening programs for older children which closely approximate the model appear to be non-existent. A further limitation is that instrumentation that focuses only the presence or absence of developmental functions may not allow for the wide range of what is "normal" or the effect of prior learning and experience. Thus, no single test or instrument can possibly be used to adequately accomplish a developmental review for all ages, much less, all developmental functions (American Association of Psychiatric Services for Children, 1977).

A search of the screening literature does not yield any

published instrumentation that closely approximates the Crisis Model. Examination of some locally generated screening protocols reveals items designed to tap the child's ability to cope with crisis. For example, items ask parents or screening personnel to rate the child's ability to separate from the parent. Other items elicit reports of behavior that might indicate coping difficulty. The weight placed on these responses relative to the final screening outcome is not known, as the "crisis" items are among many items taken into consideration.

Hill, (1970), in discussing the Match-Mismatch Model, states that he is unaware of any actual screening programs that have goals which closely approximate the model. Nevertheless, Hill stresses that the potential utility of such programs is suggested by the repeated finding that social pathology of all kinds in older children and adults is associated with marginal social status and anomie (Leighton, 1959).

Procedurally, the model calls as much for the assessment of the social environment as of the child. Hill suggests that one might screen children for "their (lack of) match to expectations of teacher X or teachers of Kind X." The mismatch may, therefore, signal the need for further assessment and change in the social environment as much as in the child. Hill notes that such mismatches, for example, occur between the expectations of the middle-class teacher and the behavior of "so-called disadvantaged children."

Finally, Hill contends that screening procedures that call for global judgments on the part of teachers about adjustment, mental health, or some other general category probably are, in fact, detecting the existence of mismatches rather than illness, developmental delay or poor coping ability.

In "A Comparison of Screening Models Under Chapter 115," Vicki Larson (1976) analyzes and compares each of Hill's four models for its appropriateness in screening preschool public school children under the guidelines of Subchapter IV of Chapter 115, Wisconsin Statutes. Larson concludes that none of the models appears entirely adequate and proposes that a satisfactory model might be arrived at by combining some elements of the Developmental and Match-Mismatch Models described above. Larson suggests that the specific screening instrument items be derived from:

1. Current available developmental data for the given age group in regard to specific content areas (e.g., cognition, speech and language).
2. The parents' and teachers' expectations for that group.

Larson noted that some fringe benefits of designing screening procedures based on the combined Developmental and Match-Mismatch models would be increased cooperation among teachers, parents, and other professionals and increased opportunity to assess the need for inservice training (e.g., in the area of normal development). Other writers concur that training in both normal behavior and possible "abnormal" behavior is prerequisite for the task of screening when

implementing a procedure/process heavily dependent on teacher judgment (Cartwright, Cartwright and Ysseldyke, 1973). Specific training is, therefore, integral to the design, administration and evaluation of a screening program utilizing either the Developmental or Match-Mismatch, or a combination of the two models.

Some critical issues, seen as fundamental to the design of screening program components using the Developmental Model, are detailed in "Developmental Screening in Early Childhood: A Guide" by Samuel J. Meisels. In this book, Meisels clearly differentiates Developmental Screening from Readiness Screening by noting that "readiness tests focus on current skill achievement and performance, rather than on a child's developmental potential" (p. 7). Similarity to the Match-Mismatch Model is apparent to Readiness Screening, whether the procedures used are of local origin or are published, standardized tests. Essentially, Readiness Screening procedures tap the children's match or lack of match to some of the expectations in a school environment, namely, curriculum and test-taking expectations. While Readiness Screening tests are widely used, major limitations are that they provide limited information about the student's learning style or learning potential and are only one sampling of that potential.

In summary, the following chart (Table 2) allows comparison by model of selected screening programs. The specific components compared include major goals, represen-

Table 2

E.D. SCREENING AND AWARENESS INSERVICE PROJECT
COMPARISON BY MODEL OF SELECTED SCREENING PROGRAMS

MODELS	REPRESENTATIVE ACTIVITIES	EXAMPLES OF TYPICAL PROCEDURE/PROCESS	PERSONNEL	CRITERION FOR VALIDATION	KNOWN LIMITATIONS
Illness The early identification of ill or disordered students.	Individual or group administration of behavior checklists, rating scales, tests, inventories or structured interviews to look for symptoms of inner disorder.	FKSM (Chappel, 1976) PPVT (Dunn, 1959) WPBIC (Walker, 1967) BPC (Quay-Peterson, 1967) DESB (Spivach and Swift, 1967) BBRS (Burks, 1977) Yellow Brick Road (Wallstrom, 1975) Vision Screening Tests Hearing Screening Tests Other Medical Tests	Teachers Professionals Paraprofessionals	Assessment/evaluation to determine existence of illness or disorders based upon symptoms presented. Professional finding that illness/disorder does exist a. physician b. M-team evaluation	Instrument validity Examiner bias Relevance for instructional programming Consideration of normal developmental crises Dependence on examiner competence Lack of representation of behavior over time and setting Diagnostic in nature
Developmental The early identification of developmental deviation/delay of one kind or another.	Administration of behavior checklists or developmental tasks individually at screening stations or in a group setting in a team approach.	CIP (Zehrbach, 1975) DDST (Frankenburg & Dodds, 1969) DIAL (Mardell & Goldenberg, 1975) HOMP (Caldwell, Heider & Kaplan, 1966) parental questionnaire checklists (published and of local origin) informal observation	Teachers Professionals Paraprofessionals	Assessment/evaluation to determine existence of developmental delays. Professional finding that a developmental deviance/delay does exist a. physician b. M-team evaluation	Instrument validity Relevance for instructional programming Test specificity (over identification of student with delays) Developmental sequence not determined in all areas, 0-20 years Lack of representation of behavior over time and setting Test-taking behavior affecting performance
Crisis The early identification of students who have difficulty coping with developmental or situational crisis.	Informal observation checklists, structured interview, biographical and personal data gathering to look at coping competence or its absence.	parental questionnaire checklists of local origin	Teachers Professionals Paraprofessionals	Assessment/evaluation to determine existence of crisis-produced impairment or exacerbation of long-standing psychological problems. Professional finding that student emerges from crisis at lower functional level a. physician b. M-team evaluation	Crisis often leads to growth Lack of proven procedures/instrumentation Relevance for instructional programming Examiner bias Discrimination of "normal" crisis behavior Dependence on examiner competence

Table 2 (cont)

Readiness The early identification of a student's relative preparedness for benefiting from a specific academic program.	Individual or group administration of objective tests or informal observation of current skills.	Metropolitan Readiness Test (Hilbreth, Griffiths, McGauvran, 1969) Boehm Basic Concepts (Boehm, 1970)	Teachers Professionals Paraprofessionals	Assessment/evaluation of current skills and performance to determine existence of academic deficiency. Professional finding that academic deficiency does exist.	Instrument validity Deficiency may reflect lack of prior knowledge and/or impairment Lack of representation of behavior over time and settings
Match-Mismatch The early detection of instances of behavior mismatch between student behavior and the expectations of others who constitute a given social environment.	Data generated within the social setting through review of records, informal observation, structured interviews and attempted instructional strategies is used to analyze the discrepant behavior interaction and to assist decision-making regarding the need for referral.	Decision Model for Educational Screening (CESA #6, 1980) Informal Observation	Teachers Professionals Paraprofessionals Parents Others in contact with children (0-20 years) and trained in the process.	Assessment/evaluation of behavior interaction to determine existence of need for change. Professional finding that need for intervention does exist: a. M-team evaluation b. Other professionals/specialists 1. handicapping condition 2. special education needs 3. Title I needs 4. medical needs 5. family needs 6. regular education needs	Lack of proven procedures/instrumentation Examiner bias Dependence on examiner competence

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tative activities, examples of typical procedure/process, personnel, criteria for validation and some known limitations using Hill's (1970) taxonomy and the Readiness Model discussed above. While this comparison is not an indepth analysis of the various models of screening, it should assist those responsible for planning a total screening program in designing an appropriate, comprehensive program that accomplishes the specific intentions to be fulfilled.

PHILOSOPHY AND RATIONALE OF SCREENING FOR EMOTIONAL DISTURBANCE

The theoretical basis of the process of screening used in the inservice training program "Screening for Emotional Disturbance" was derived through extensive research activities. Initially, an exhaustive search of the literature was conducted regarding behavioral descriptors of emotional disturbance; the history, models and current practices of screening; and procedures and instruments to use in screening. This body of information was compared to state and federal legislation, rules and policy relating to emotional disturbance (E.D.) and screening. A polling of public schools and educational agencies (90 in all) regarding current screening practices and procedures provided insight into the strengths, weaknesses and needs of existing E.D. screening programs. The information gathered from all of the above sources was compiled and summarized to identify definitions, recommended guidelines, a conceptual model of screening and a screening process judged to be appropriate to use in screening for emotional disturbance. Finally, this philosophy and rationale represents a consensus of opinion supported by literature, laws, and consultant

expertise that is relevant to any of a number of public school needs and purposes in screening.

Definition of Emotional Disturbance

At present, some confusion exists concerning the terminology that is applied to children exhibiting serious emotional, social and behavioral problems. This is the result of the piecemeal fashion in which recognition of and services to children with such problems have developed. The medical and psycho-dynamic professions, for example, use a specific set of labels for problem behavior. Sociologists employ a different set of labels, while educators and law enforcement personnel use still others. Because of the diversity of the orientations they reflect, certain labels have a tendency to focus attention on certain types of behavior. The following should help to eliminate some of the confusion regarding terminology, description and definition for purposes of this project.

Behavioral Disorders:

Behavioral disorders is a generic term with no legal, professional or practical definition. It encompasses any type of behavior which might be found aberrant by a variety of different agencies or professionals or under certain legislation.

Emotional Disturbance:

The term emotional disturbance could be included under the generic term behavior disorders. Emotional disturbance, however, is nothing more and nothing less than what is specified in the Statutes of Wisconsin Subchapter IV of Chapter 115, and the concommitant rules in Wisconsin Administrative Code PI 11.34. This is reiterated in the regulations to implement PL 94-142.

Rules Implementing Subchapter IV of Chapter 115, Wisconsin Statutes

PI 11.34
Eligibility Criteria
Handicapping Condition
Emotional Disturbance

1. Classification of emotional disturbance as a handicapping condition is determined through a current, comprehensive study of a child, ages 0 through 20, by an M-team.

2. Emotional disturbance is characterized by emotional, social and behavioral functioning that significantly interferes with the child's total educational program and development including the acquisition or production, or both, of appropriate academic skills, social interactions, interpersonal relationships or intrapersonal relationships or intrapersonal adjustment. The condition denotes intraindividual and interindividual conflict or variant or deviant behavior or any combination thereof, exhibited in the social systems of school, home and community and may be recognized by the child or significant others.

3. All children may experience situational anxiety, stress and conflict or demonstrate deviant behaviors at various times and to varying degrees. However, the handicapping condition of emotional disturbance shall be considered only when behaviors are characterized as severe, chronic or frequent and are manifested in two or more of the child's social systems, e.g., school, home or community. The M-Team shall determine the handicapping condition of emotional disturbance and further shall determine if the handicapping condition requires special education. The following behaviors, among others, may be indicative of emotional disturbance:

   a. An inability to develop or maintain satisfactory interpersonal relationships.
   b. Inappropriate affective or behavioral response to what is considered a normal situational condition.
   c. A general pervasive mood of unhappiness, depression or state of anxiety.
   d. A tendency to develop physical symptoms, pains or fears associated with personal or school problems.
   e. A profound disorder in communication or socially responsive behavior, e.g., autistic-like.
   f. An inability to learn that cannot be explained by intellectual, sensory or health factors.
   g. Extreme withdrawal from social interaction or aggressiveness over an extended period of time.
   h. Inappropriate behaviors of such severity or chronicity that the child's functioning significantly varies from children of similar age, ability, educational experiences and opportunities, and adversely affects the child or others in regular or special education programs.

4. The operational definition of the handicapping condition of emotional disturbance does not postulate the cause of the handicapping condition in any one aspect of the child's make-up or social systems.

5. The manifestations of the child's problems are likely to influence family interactions, relationships and functioning or have an influence on specific individual members of the family. It is strongly recommended that extensive family involvement or assistance be considered in the evaluation and programming of the child.

6. The handicapping condition of emotional disturbance may be the result of interaction with a variety of other handicapping conditions such as learning, physical or mental disabilities or severe communication problems including speech or language.

7. An M-Team referral for suspected emotional disturbance may be indicated when certain medical or psychiatric diagnostic statements have been used to describe a child's behavior. Such diagnoses may include but not be limited to autism, schizophrenia, psychoses, psychomatic disorders, school phobia, suicidal behavior, elective mutism or neurotic states of behavior. In addition, students may be considered for a potential M-Team evaluation when there is a suspected emotional disturbance, who are also socially maladjusted, adjudged delinquent, dropouts, drug abusers or students whose behavior or emotional problems are primarily associated with factors including cultural deprivation, educational retardation, family mobility or socio-economic circumstances, or suspected child abuse cases.

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The inservice program "Screening for Emotional Disturbance" is based on this description/definition of the handicapping condition of emotional disturbance.

Philosophy of Screening

The following statements are a consensus of values, attitudes and mandates found in the literature and laws pertaining to screening. These tenets acted as guidelines for the development of the process of screening (educational management review) called the Decision Process for Educational Screening. Below, purpose statements have been separated from statements that address the design of screening processes. While somewhat arbitary, this separation facilitated the identification of the project's goals for screening. The purpose statements roughly address what screening is to do and the process statements similarily address how it is to be done. All of these tenets are important to the achievement of sound educational practice. They are useful in reviewing screening programs for their appropriateness.

The Purpose of the Screening Program:

1) Screening affects basic education-related decisions about a child; therefore, screening results should facilitate educational planning.

2) Screening should take into account all factors of human life and development as they relate to education.

3) Screening is the first step in the identification of special needs.

4) Screening should link child needs with appropriate education-related or supportive services.

5) Screening must not be used as a basis for excluding pupils from education programs.

The Design of the Screening Processes:

1) Screening intentions (goals) should include the search for strengths as well as deficits.

2) Screening practices and procedures must be determined by the problems to be solved or the intentions to be fulfilled (goals).

3) Screening should accomplish its intended goals.

4) Screening programs should include feedback and evaluation systems so change can be made where necessary.

5) Screening should be conducted in an ecological context, i.e., "the child and the setting and the individuals within these ... settings that are a part of the child's daily life" (Hobbs, 1975).

6) Screening is a continuous process conducted in a uniform manner across an entire class or group of children.

7) Screening should be done by trained, skilled, and experienced individuals in regular contact with the child who are knowledgeable about normal development.

8) Screening should facilitate the establishment of short term regular education instructional strategies.

9) Screening should be non-threatening to the child.

10) Screening should be non-discriminatory.

11) Screening should be culturally fair.

12) Screening should not label children.

13) Screening should not invade privacy or violate good taste.

14) Screening should be cost and time effective.

15) Screening must be compatible with current legal mandates.

16) Although the public school has primary responsibility for education related screening, it should be coordinated with other education and health screening programs in the local community.

17) Screening programs and goals should be communicated to parents and the general public.

Definition of Screening For Inservice Training Program

The definition of screening used in the inservice training program is:

> Screening is a systematic continuous process for identifying provisionally those children from a population who manifest, or are likely to manifest, an attribute which is judged to require special attention.

Rationale for E.D. Screening

Wisconsin schools have the legal obligation to screen and refer a student suspected of being emotionally disturbed (pursuant to Subchapter IV, Chapter 115.80 and Wisconsin Administrative Code PI 11.02 (1), (2), and (3). But beyond the legal requirement, screening for emotional disturbances is a justifiable and beneficial educational endeavor. Emotional disturbance is not necessarily a lifelong condition and, with appropriate early intervention, has a good

prognosis for improvement (Gersten, J. C. and others, 1976; Wisconsin Division for Handicapped Children Statistics).

Without appropriate intervention, however, a student's emotional condition might deteriorate. Over time, the self-fulfilling prophecy occurs--as teachers expect negative behaviors from an emotionally disturbed student, the student responds consistent with expectations, and the behavioral repertoire becomes so ingrained, it is difficult to reverse. Finally, a student's maladaptive interaction in the environment may prohibit any academic growth. The emotional conflicts can limit the student's perceptual and behavioral alternatives, restrict intake of information, and distort aspects of knowledge. To the degree of their disturbance, the emotionally disturbed are unable to profit from their educational experience (Bower, 1969).

By failing to screen, refer, assess and provide intervention, the educational system actually contributes to the student's condition of emotional disturbance. Without proper instruction, a student is deprived of the opportunity to achieve the goals of education. Some of the goals of education include ... "to deal constructively with psychological tensions, to prepare people for the world of work, to work with other peoples of the world for human betterment." (Knezevich, 1975).

Screening for emotional disturbances is intended to accomplish several educationally sound purposes. That is, screening is intended to foster growth-enhancing and ego-

strengthening experiences. Educational failure can be countered by utilizing identified strengths to compensate for identified weaknesses. Screening is further intended to involve parents and teachers in an ongoing concern with the health and educational well-being of the student. And, finally, screening is intended to facilitate the early identification of children suspected of being emotionally disturbed. (American Association of Psychiatric Services for Children, 1977; Bower, 1969; Hobbs, 1975).

Goals of Screening Social-Emotional Behavior

The following goals for screening evolved from guidelines that were compiled from a review of literature and laws relative to screening. These goal statements provide the framework for evaluating the effectiveness of the screening process that is used to implement them.

1) The continuous promotion of the strengths of a child and family to cope with those tasks related to the child achieving his/her maximum educational potential.

2) The prevention, through subsequent interventions, of the development of severe emotional disturbance or the exacerbation of severe emotional disturbance through the early detection of instances of discrepancy between environmental opportunities, expectations and the child's style of behaving.

3) The early provisional identification of those children from a population who manifest or are likely to manifest an

attribute which is judged to require special attention in the area of social-emotional functioning, e.g., intervention outside the regular educator's expertise.

4) The linking of children with appropriate educational and social services.

A SCREENING PROCESS: THE EDUCATIONAL MANAGEMENT REVIEW OF CLASSROOM SOCIAL-EMOTIONAL BEHAVIOR

The screening process that follows is primarily based on the Match-Mismatch Model, although, like the Developmental Model, it is referenced to "normal" social-emotional behavior. The Match-Mismatch Model was judged to be appropriate because it corresponds with current thought regarding the nature of emotional disturbance and the definition of the handicapping condition in Wisconsin eduational law. Screening operations to implement the model have been shown to be the most effective and naturally occurring processes in schools.

Current thought regarding the nature of emotional disturbance, as reported in the literature, supports the proposition that both normal development and disturbances in development are not considered to be products of a single factor but rather result from complex interactions between the child and his environment (Thomas et al, 1968). This interactionist view is the cornerstone of the ecological model of emotional disturbance. Because the theoretical framework of the ecological model locates the disturbance

in the interaction between the child and his environment, assessment activities (including screening) and intervention activities must focus on the system or systems in which the child interacts. The Match-Mismatch Model anchors screening in the social system in which the problematic behavior occurs. The model allows screening to result in the further assessment of any or all of the components of the social setting (Hill, 1970).

Some of the components of the social setting in a classroom are the activities, inhabitants, location, time schedule, pace, and spatial arrangements. The student is one component of the setting, being significantly influenced by the expectations, constraints and opportunities available in that setting (Swap, 1978). Using the Match-Mismatch Model, screening operations begin with the discernment of "mismatch" rather than student "difference."

Discernment of a "mismatch" between student behavior and teacher expectations has very different action-implications than does the discernment of difference or deviance in the student. The "mismatch" approach discourages the assignment of value, the assignment of blame or the assignment of label by the classroom teacher. The "problem" has shared ownership from onset to resolution. In contrast, screening approaches that encourage separating children from the group with the assignment of difference or deviance imply solutions that require changes in the student, with his/her removal from the learning environment a predictable and

frequent next step.

The Wisconsin rules to implement the laws pertaining to children with handicapping conditions do not postulate a cause for emotional disturbance; rather, they require that the determination of program eligibility be made based on behavior, specifically, the existence of severe, chronic and frequent behavior that is exhibited in two or more of the child's social systems of home, school and community (Rules to Implement Subchapter IV of Chapter 115, Wisconsin Statutes, 1978). Thus, the educational definition of emotional disturbance supports the interactive or ecological perspective that is found in the Match-Mismatch Model of screening.

While the Model can be implemented in a number of ways using different procedures, there are many common teaching practices that entail screening. These practices function as an educational management review. For example, teachers can regularly examine, clarify and communicate their expectations (also the system's expectations) for student behavior. They can continuously compare and contrast student performance/behavior over time, over tasks and across peers as a part of instruction. To review student behavior for "matches and "mismatches" requires no special techniques. Follow-up screening activities (designed to resolve mismatches, gather more data, and facilitate making referral decisions) require teachers to use additional techniques and strategies. These activities include the review of records for

indicators of "mismatch," the analysis of interactions, observing and recording behavior interactions, developing strategies, conducting conferences, referral writing and cooperative problem solving.

Research supports the fact that teachers do engage in screening as part of their instructional duties and that they tend to make good screening decisions. A study in the state of Wisconsin (Hahn, 1979) reported that most referrals for suspected emotionally handicapped students were generated as the result of informal assessment procedures conducted by the regular education teacher. Teachers' abilities to make accurate judgments regarding the behavior of their students have been supported by other studies. (Ullman, 1952, Nelson, 1971).

Experienced teachers already have many of the skills and knowledges needed to screen. Many of them already do a superior job in this regard. Some may need additional training to overcome aversion to the term emotional disturbance. Most need additional training to enhance the accuracy of their judgments about the behavior of their students, to attempt classroom interventions, and to make more accurate referrals of those in need of specialized services.

The screening process described below requires teacher actions that go beyond the simple surveying of surface behavior. It requires teacher time and may require a change in teacher attitude and perception of role relative

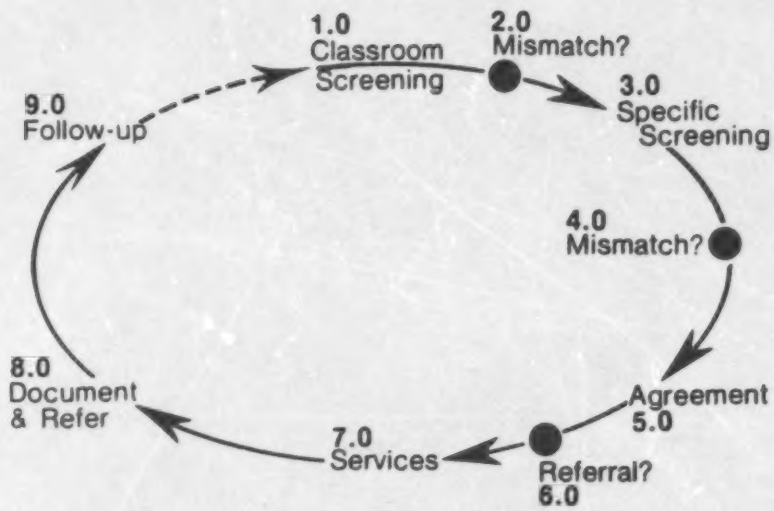
to student behavior problems. Few training programs prepare regular educators to conduct an educational management review of social-emotional behavior. Because the overall success of this approach hinges on teachers' attitudes, knowledge, and skills, teachers need to receive both inservice training and tangible administrative support to carry out the screening process.

The Decision Process for Educational Screening holds more promise than "at risk" approaches. It is based on naturally occurring teaching methods and provides a significant amount of information about the student-environment interaction. As with most screening procedures and processes, it lacks longitudinal emperical support. Data collected from the EDSA inservice training program replications indicate that teachers acquired knowledge and skills needed to carry out the screening activities. No data have been collected concerning the implementation of the screening process or the results of that implementation. To evaluate long term changes in behavior and attitude from an ecological perspective requires the application of research methods beyond the limitations of this effort.

The following schematic and checklist outline the screening process and activities that are recommended to accomplish the educational management review of social-emotional behavior. This outline is not intendend to provide the reader with adequate detail for adoption or direct application of the screening process. It is intended

to provide a model of how the screening process can be implemented and has been implemented through the EDSA inservice training program, "Screening for Emotional Disturbance." The outline parallels the sequence of the training program which is designed to assist regular educators in executing the process in their classrooms. A more detailed description of the inservice training program can be obtained by contacting the author or Ann Kellogg, EDSA Project Coordinator, Supervisor of Programs for the Emotionally Disturbed, Wisconsin Department of Public Instruction.

DECISION PROCESS FOR EMOTIONAL DISTURBANCE



DECISION PROCESS FOR EDUCATIONAL SCREENING

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Teacher's Name: _____

Student: _____

Screening Activities	Completion Date	(✓)	Comments
1.0 Classroom Screening			
1.1 Identify Matches and Mismatches			
1. Define teacher expectations			
2. Communicate expectations			
3. Review student records			
4. Review exhibited behavior			
5. Other contributing factors			
1.2 Develop Strategies			
1. Refine and communicate expectations			
2. Analyze exhibited behavior			
3. Determine target behavior			
4. Write instructional objectives to teach desired behavior			
5. Determine strategy			
6. Establish time period			
7. Document outcome			
1.3 Implement Strategies			
1. Modify strategy			
2. Document outcome			
2.0 Decision Point - Mismatch			
1. Are there students whose behavior doesn't meet teacher expectations? Yes _____ No _____			
2. Review "Questions to Ask about Behavior"			
3. Refer if suspect handicapping condition			
4. Return to classroom screening (1.0)			
5. Continue screening (3.0)			

* See Questions to Ask About Behavior, p. 57.

DECISION PROCESS FOR EDUCATIONAL SCREENING
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Teacher's Name: _____

Student: _____

Screening Activities	Completion Date	(✓)	Comments
3.0 Specific Screening			
3.1 Data gathering Complete Specific Screening Worksheet			
3.2 Behavior observation Complete Behavior Observation Work-sheet #1			
3.3 Individual Conferences Participants clarify expectations			
1. Teacher/Teacher 2. Student/Teacher 3. Parent/Teacher 4. Other			
4.0 Decision Point - Mismatch			
1. Is there a match in teacher expectations and student behavior? Yes _____ No _____ 2. Review "Questions to Ask about Behavior" 3. Refer if suspect handi-capping condition 4. Return to classroom screening (1.0) 5. Continue screening (3.0)			
5.0 Agreement			
5.1 Group conference			
1. List participants: _____ _____ _____			

* See <u>Questions to Ask About Behavior</u>, p. 57.

DECISION PROCESS FOR EDUCATIONAL SCREENING
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Teacher's Name: _____

Student: _____

Screening Activities	Completion Date	(✓)	Comments
2. Develop agreement-Conditions a. target behavior b. desired behavior c. teacher responsibility d. student responsibility e. support services/ resources f. time period, Begin _____ (date)			
5.2 Implement agreement 1. Modify conditions 2. Use Behavior Observation Worksheet #2			
5.3 Monitor agreement 1. Renew agreement 2. Modify agreement 3. Terminate agreement			
6.0 Decision Point - Referral? 1. Will you refer the student? Yes _____ No _____ 2. Review "Questions to Ask about Behavior" 3. Refer if suspect handicapping condition 4. Return to classroom screening (1.0) 5. Continue screening (3.0)			
7.0 Services Determine referral type(s)			

* See <u>Questions to Ask About Behavior</u>, p. 57

DECISION PROCESS FOR EDUCATIONAL SCREENING
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Teacher's Name: _____

Student: _____

Screening Activities	Completion Date	(✓)	Comments
8.0 Document and Refer			
1. Prepare documentation			
2. Make appropriate referral(s)			
9.0 Follow-up			
Continue modifications/ refinement student's program			

Questions to Ask About Behavior

1. Frequency: How often does the behavior occur?

2. Chronicity: How long has the behavior been occuring?

3. Duration: How long does the episode of behavior last?

4. Intensity: To what degree does the behavior interfere with the ongoing development of the child?

5. Circumstances: Did the circumstances contribute to the problem or explain the behavior as a realistic outcome?

6. Appropriateness: Is the behavior reasonable for the situation?

7. Peer Comparison: Does the behavior compare with the maturity or social level of the class/group?

8. Manageability: Is the behavior easily managed or is it difficult to handle?

9. Resistance to change: Is the behavior responding to change attempts by the teacher or is it resistant to change by the teacher?

CONCLUSION

It is hoped that this paper has provided educators with increased knowledge of factors and issues concerning the activity we call screening. To grow means to change. Educators have come a long way in understanding the limitations and potentials of various screening approaches. The challenge lies in communicating the needed information and enhancing the skills of those in decision-making positions (teachers) so that they, in turn, can be more effective in conducting an educational management review.

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